Care Quality Commission

St. Marks Home Limited

St Marks Nursing Home

Inspection report

145 Hylton Road
Sunderland
Tyne And Wear
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Tel: 01915674321

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 1 and 3 August 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

This was the first time we had inspected the service since it was registered on 14 September 2017.

St Marks Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Marks Nursing Home provides personal and nursing care and support for up to 35 people who require support with personal care, some of whom are living with dementia. At the time of the inspection there were 33 people living there.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and receiving support from staff. Staff understood the principles of how to safeguard people from abuse and had received up to date training. The registered manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

People's medicines were administered in accordance with best practice and managed in a safe way.

People told us there were enough staff to meet people's needs, although there was a general feeling more staff would be of benefit. Staff were recruited in a safe way with all necessary checks carried out prior to their employment. The service had a low turnover of staff with existing staff members working in the home for a number of years.

New staff received a comprehensive induction which included shadowing more experienced staff on shifts and observations by the registered manager. Staff received regular training, supervisions and annual appraisals to support them in their roles. They also received specialised training, specific to people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had received training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People who were unable to make decisions for themselves, had decisions made in their 'best interests'.

People were supported with their nutritional needs and to access a range of health professionals. Information of healthcare intervention was included in care records.

People spoke highly of all staff and felt the service was caring. Staff treated people with dignity and respect and promoted their independence when supporting them with daily tasks.

People had access to independent advocacy services if they wished to receive support. Advocates help to ensure that people's views and preferences are heard. Information related to advocacy services was on display in the home.

People's physical, mental and social needs were assessed prior to them moving into the home. Care plans were personalised, detailed and reviewed regularly and included people's personal preferences.

There was a range of activities available for people to enjoy in the home. People were also supported, where necessary, to access activities in the local community including going shopping and for pub lunches.

People knew how to raise concerns if they were unhappy with the service. All complaints received were investigated and subsequent action taken.

There were audit systems in place to monitor the quality and safety of the service. Any trends and lessons learnt were also recorded and acted upon. Findings from audits were used to inform the annual development plan for the home.

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to safeguard people from abuse and would report any concerns.

People's medicines were managed in a safe way. Staff administering medicines received up to date training.

There were enough staff to meet people's needs. New staff were recruited safely with all appropriate pre-employment checks carried out.

Is the service effective?

Good

The service was effective.

New staff completed a structured induction programme. All staff received regular training, supervisions and annual appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People were supported with their nutritional needs and to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

People told us they were happy with the service and comfortable with staff who they described as caring and nice.

Staff respected people's dignity while providing care. People were supported in a way that promoted their independence.

People had access to advocacy services information and utilised services when required.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to entering the home. Care plans were created from people's assessed needs and were personalised to the individual.

There was a range of activities available both in the home and in the community.

People knew how to raise concerns. Complaints were fully investigated and acted upon in accordance with the provider's complaints procedure.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager. People and staff spoke highly of the management.

Staff attended regular meetings to discuss the running of the service.

The provider had governance systems in place to monitor the quality and safety of the service.

Care Quality Commission

St Marks Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 and 3 August 2018. The first day of inspection was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

As part of our inspection planning, we contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Information provided by these professionals was used to inform the inspection.

We used different methods to help us understand the experiences of people who lived at St Marks Nursing Home. As part of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with three people. We spent time with some people who lived in the home and observed how staff supported them. We also spoke with six members of staff, including the registered manager, two nurses, two care workers and a kitchen assistant. We looked at four people's care records and

five people's medicine records. We reviewed two staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in St Marks Nursing Home. One person said, "Oh yeah (I feel safe). I can walk with my trolley but if I try to walk too far I would fall. If I was to go to the hospital one of the girls will take me in my wheelchair." Another person told us, "I do yes. Although we're close to the main road there's a lot of protection. If I go to the shops a carer comes with me (because they use a wheelchair and there is a busy road to cross)."

Staff knew how to safeguard people from potential abuse and had received up to date training. Staff we spoke with had a detailed knowledge and understanding of people's backgrounds, behaviours, routines and ways they communicated their needs. This meant staff had the ability to identify potential signs of abuse through behaviours and mannerisms people displayed.

The provider had a safeguarding policy and procedure in place which detailed how staff should report any concerns and raise alerts with the local authority safeguarding team. There had been no safeguarding concerns identified since the service was registered in September 2017. The registered manager told us they liaised with the local authority regarding any potential issues and would raise safeguarding concerns with the local authority immediately if there were any issues identified.

Risks to people's health, safety and wellbeing were assessed and managed. People had risk assessments in place such as moving and handling, skin integrity and Malnutrition Universal Screening Tool (MUST). A MUST is used to identify if people are malnourished or at risk of malnutrition. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. They also had risk mitigating equipment in place where required, such as air flow mattresses and pressure cushions. Environmental risks were also assessed to ensure safe working practices for staff. For example, slips, trips and falls, fire and lone working.

We observed medicines were administered in accordance with good practice and people were treated with respect and patience. People were approached in a gentle, friendly manner by the nurse who politely asked if they could take their medicines, explaining what they were. Each person was given their medicines with a drink of juice and the nurse waited patiently until they had taken them before recording on the Medicines Administration Record (MAR). People appeared comfortable with receiving their medicines from the nurse. One person was asked if they wanted some paracetamol but they told the nurse they didn't need any. The nurse recorded this on the MAR. When talking about their medicines, one person said, "They (staff) give me my medicines. I could self-administer but I'm happy for the girls to give me them. I do have my own eyedrops in my fridge."

The majority of medicines were contained in colour co-ordinated blister packs which corresponded with colours on the MAR. The different colours represented different times of the day for morning, lunchtime, afternoon and nights. We viewed MAR charts and found they were fully completed. Staff administering medicines had received up to date training. They also had their competencies checked to ensure they were safe and experienced to manage people's medicines.

People told us there were enough staff on duty to meet their needs although there was a general feeling that they could do with more. One person said, "There's enough staff. They're hard workers. If I was to ask for something they'll say 'just a second' and come back to me (when they're finished what they are doing)." Another person told us, "Yes (there's enough) but they could do with a couple more for getting up on a morning and going to bed on a night time because they don't seem to have a lot of time." A third person commented, "They could do with more staff." They went on to tell us they were not kept waiting when they needed support but felt staff "are so busy."

During the inspection we observed staff were visible around the home assisting and supporting people when needed. Call bells were answered in a timely way. The registered manager told us and records showed they reviewed staffing levels on an ongoing basis, in line with people's needs and the number of people in the home. They had a low turnover of staff and most existing staff had worked in the home for a number of years. The registered manager told us they all worked well together as a team and cover for holidays and other leave was covered by existing staff.

New staff were recruited in a safe way to ensure they were suitable to work at the home. All new staff completed an application form, health questionnaire and received an interview. Recruitment processes included pre-employment checks such as references and Disclosure and Barring Service checks (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Accidents and incidents were recorded and monitored for potential patterns and trends. Accidents were monitored monthly with any lessons learned identified and shared with staff. For example, one person to have their lap belt fastened at all times when in wheelchair, instead of only when in motion. Other action was taken following accidents as and when required including referrals to the falls team and equipment put in place such as sensor mats.

The service had a business continuity plan in place for emergencies such as fire, loss of power or staff sickness. This plan provided the registered manager with guidance to follow in the event of an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) but we noted they did not always contain specific detailed information relating to the individual. For example, the number of staff required to support people. We spoke with the registered manager about this and they assured us the PEEPs requiring additional information would be updated with immediate effect.

Records relating to the maintenance of the building were up to date and monitored. The service conducted regular fire drills. Weekly and monthly health and safety checks were carried out. The service had infection control systems in place. These included regular cleaning of premises and equipment. We observed, when required, staff wore Personal Protective Equipment (PPE) and hand hygiene guidance was displayed in the home. There were stations on each floor containing gloves, hand gels and different coloured aprons for different tasks such as personal care, toileting and support with meals.

Good

Is the service effective?

Our findings

People told us the service was effective and staff knew them well and could meet their needs. One person said, "Well you can't get better. I'm amongst good people. The girls work very hard. I am comfortable and happy." Another person told us, "I really like it here. It's the second home I've been in. I like them (staff), they're good girls. They go out of their way to help you."

The service assessed people's needs prior to their admission to St Marks Nursing Home. Assessments were detailed and included medical diagnosis and history, health, physical and cognitive needs and nutritional requirements. They also covered social and spiritual needs.

New staff received a comprehensive induction which included shadowing more experienced staff on shifts and observations by the registered manager. Staff who didn't have a National Vocational Qualification (NVQ) then went on to complete a further 12 weeks induction course to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

Staff completed a range of training to enable them to carry out their roles effectively. Topics of training included diet and nutrition, moving and handling, medicines, health and safety, fire safety, infection control and first aid. Staff had also completed training specific to people's needs such as dementia and dysphagia. Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.

Staff received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Meetings were used to discuss stafftheir performance and development including training, general wellbeing, their needs and any issues they had. All agreed actions were recorded and revisited at the next supervision session. For example, to read General Data Protection Regulation (GDPR) guidelines. The registered manager told us, "I do all of the appraisals throughout the year. I also do the supervisions with the nurses and they do them with the carers."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was working within the requirements of the MCA. Some people had DoLS authorisations in place which were contained in their care files. The registered manager monitored when authorisations were due to expire and when they needed to submit new applications to the local authority. Care files contained best interest decisions for those who were assessed as being unable to make specific decisions. For example, for the use of a lap belt when in a wheelchair or bed rails, to reduce the risk of people falling. Staff had received up to date training in the MCA and DoLS and those we spoke with demonstrated an understanding of the principles of the MCA and the importance of gaining consent from people prior to providing support.

People were supported to live their lives with minimum restriction. For example, there were no keypad locks on internal and external doors or the lift. A nurse told us, "The front door and other exits are alarmed so if anyone opens the door, staff will know." One person told us, "I go out shopping with my trolley. I go over to [local supermarket] and get loads of snacks."

People were supported with their nutritional needs. We observed a meal time experience in one of the dining rooms on a lunch time. The atmosphere was calm and peaceful with people quietly enjoying their meals and some chatting with each other as well as with staff. People were served their food in a prompt and friendly manner, with some people having second helpings. Staff encouraged people to eat independently, where possible. People who required support to eat their meals were patiently supported at a pace comfortable to them. Staff also offered verbal prompts and encouragement to others which was effective in some cases. We observed one person didn't want to eat their meal and told staff they were not hungry. Staff told us the person had a late breakfast because they wanted to sleep in and they would keep something for them in case they were hungry a little later.

People told us they enjoyed the food in the home. One person said, "The meals are lovely. What they give you is ample, it fills me. You get lots on your plate. I come down on a morning and they'll get my breakfast straight away and they know what I want." Another person told us, "(The food is) very good, excellent. [Chef] makes you what you want. He says 'anything you want, I'll make it if I can'. He made me a chinese chicken chow mein. It was lovely. They're good chefs." A third person commented, "About 8am I'll give them (kitchen staff) a buzz and give them my menu for the day. I must have my fried egg sandwich on a morning and sometimes have weetabix as well. The food they make is lovely. I love sausage and tomatoes, that's my favourite. They put a lovely spread on if there's something (an event or occasion) on."

During the inspection we observed a refreshments trolley being taken around the home in between meal times. People were offered hot and cold drinks as well as a variety of biscuits and cakes. People at risk of malnutrition were also offered supplement drinks and milkshakes.

People were supported to access external professionals to monitor and promote their health. People's care plans contained records of intervention with GPs, dentists, chiropodists, speech and language therapists, a diabetes nurse and other professionals involved in their care. During the inspection a care worker reported to the nurse that a person didn't seem themselves and was sleepy. The nurse went to see the person and took vital observations such as blood pressure, temperature and pulse. Following those observations they contacted the person's GP who confirmed they would visit the person that afternoon.

The service was appropriately adapted for people living at the home. Every room and corridor was accessible for wheelchair users. There was pictorial signage around the service as well as a pictorial calendar which included the day, month, season and the weather for that day. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People's rooms were personalised with their own belongings.

Good

Is the service caring?

Our findings

People were complimentary about staff at the service. One person said, "The girls are beautiful, I feel happy here. I couldn't say anything bad about them." Another person told us, "They are chatty and nice. The girls are a good laugh. If you're feeling a bit down they'll sit and have a chat with you." A third person commented, "[Deputy manager] is lovely. Well they all are. Some do a bit extra for you." They went on to say, "On my birthday they (staff) got me a cake. They always get a cake for people when it's their birthday which is really kind."

Staff spent time with people in their rooms and in communal lounges doing things such as watching television and chatting. People appeared comfortable and at ease with staff, chatting about things such as activities, television programmes and the weather. One person told us, "They're a happy enough crowd and they have a laugh and a bit of fun."

Staff treated people with dignity and respect. We observed staff knocking on people's doors, calling out their names and telling them who they were to obtain permission to enter their rooms. We also observed some people wearing aprons when they were enjoying their meals at lunch time, to protect their clothes. One member of staff approached a person once they had finished their meal and asked if they could wipe their face as they had food around their mouth. They agreed and the staff member gently wiped their face clean. One person told us they felt their dignity was respected by the way staff washed their clothes. They said, "I like the way they wash all your things. They keep them lovely." People's care plans also guided staff how to maintain people's dignity whilst supporting them with daily tasks. For example, one person's nutrition care plan stated, "Ensure [name]'s clothes are protected at meal times and her hands and face are clean following every meal."

During our inspection we observed some people received physical support when moving around the home with and without equipment. We observed some other people freely moving around the service and spending time in the communal areas, in the garden and in their rooms as they wished. One person told us they enjoyed spending time on their own in their room and in communal lounges, doing what they wanted. They said, "I've got my word searches and my laptop. I like watching box sets."

We observed staff encouraging people to be independent where possible while always being available to provide assistance, when required. For example, at lunch time a staff member was providing verbal prompts and encouragement to a person but later offered assistance when it was clear the person was struggling to eat their meal on their own. The staff member later told us, "[Person] is not quite herself today. I'm going to ask the nurse to check her over. She usually manages to eat her food independently." Care plans promoted people's independence and included what people were able to do for themselves and what they may need support with. For example, one person's care plan for personal care stated, "[Person] may be able to wash her hands and face. She requires full assistance with all other aspects of personal care."

People were supported to maintain their relationships that were important to them. We observed posters on display in the home inviting relatives to Sunday lunch and to inform the kitchen if they wanted to attend.

During the inspection we observed people receiving visits from relatives. One relative was sat in the dining room just before people received their meals and was offered a drink. Staff were also chatting with the relative about their family member and other general things such as how warm it was outside.

Some people had an interest in and continued to follow their chosen faith. The registered manager told us a clergyman visited the home and delivered a service for people on a Wednesday. They also told us a catholic priest visited the home on a Sunday for those who followed that faith. One person received regular visits from their own priest who they had prior to moving into St Marks Nursing Home. The registered manager assured us they would support people to continue to follow their chosen religion or faith and would seek support from other religious bodies as and when required.

Some people actively received support from advocates/advocacy services. Advocates help to ensure that people's views and preferences are heard. There was evidence in people's care files of support from advocates. For example, one person had a Relevant Person Representative (RPR) in place from a local advocacy service. It was evident from their care file that the RPR had been involved in making decisions in their 'best interests'. Information relating to advocacy services was also on display around the home.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their changing needs over time and had positively impacted on their lives, health and wellbeing. One person said, "This service saved my life. When I came in I was skin and bone. I couldn't walk when I came in here. I was doubly incontinent but they've brought me through it with time and patience. I've come on leaps and bounds. I used to have water retention in my legs. I'm on water tablets now. My body seems to be getting there now. I used to smoke but one of the girls put me onto a vape cigarette. I feel so much better in myself and my chest (since quitting smoking)."

The registered manager or deputy manager assessed people's needs prior to them moving into the home. Care plans were then devised from the needs identified in their assessments. We saw a range of care plans in people's care files including personal care, skin integrity, medicines, nutrition and hydration and moving and handling. Care plans were detailed, personalised and included people's choices, preferences, likes and dislikes. For example, one person's care plan for personal care stated, "[Person] likes to shower. She likes to have her hair set each week by the hairdresser." Another person's care plan for personal care stated, "Likes simple roll on deodorant. Nothing with a strong smell." Plans also contained details of people's typical routines. For example, one person's care plan stated, "[Person] enjoys a lie in and sometimes goes to bed late evening."

Staff had received up to date training in person centred care. Care plans promoted people's independence where possible and were tailored to meet their individual needs. Care plans were detailed and contained clear guidance to inform staff how to support each person with different tasks. Care plans were reviewed on a regular basis, in accordance with people's changing needs and were up to date.

The service had an activities co-ordinator who worked four days per week. They organised a programme of activities for people to enjoy in the home both on a one to one basis and in groups. The registered manager told us that staff took charge of activities in the home on the days the activities co-ordinator didn't work, to ensure there was always something for people to enjoy and to keep them stimulated. They said, "They'll put films on and things. With the weather at the minute they sit out in the garden and some do a bit of gardening." During the inspection people enjoyed things such as arts and crafts and music bingo.

People told us they enjoyed the activities on offer in the service and felt there was enough to do. One person said, "We've been playing music bingo today." Another person told us, "We get quite a few (activities). [Activities Co-ordinator] does a lot, she does as much as possible. She does a really good job actually. We've been painting discs black then putting designs on them to hang onto the gazebo. We have music nights and have singers on. We had a man about six weeks ago. He was brilliant. He had everyone up singing." A third person commented, "I've started papier mache with [name], the activities person. She's another great one who does all sorts."

People were also supported to access the local community when possible. Activity planners included things such as shopping trips and pub lunches. One person said, "We went out on Tuesday to The Old Tree Farm (public house). There was 16 of us. We all went in taxis and had a three-course meal. It was gorgeous. We

had a game of bingo after." Another person told us, "We've been to the farm. There were pigs, goats and sheep. It was great."

People told us they had no complaints but that they knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person said, "No complaints. I'd see one of the nurses (if I wasn't happy)." Another person told us, "No complaints. None that I can think of."

The provider had a complaints procedure in place which detailed different stages of complaints, duty of candour and how complaints would be escalated if not resolved. People were provided with a copy of this when they first moved into the service and a copy of the procedure was on display in the home. The service also reminded people of their right to complain during resident committee meetings.

The registered manager maintained a log and record of all complaints received about the service. Records showed the home had received five complaints since the service was registered. All complaints were investigated and actioned in accordance with the provider's complaints procedure. Any actions identified as a result of complaints received were completed. For example, disciplinary action and staff to receive further training.

At the time of the inspection there was no one receiving end of life or palliative care. The registered manager told us about a person who was receiving end of life care but had recently passed away. They said, "[Person] came in (to the home) as end of life care under continued health care funding." They went on to tell us how staff monitored the person, supported them where possible and made sure they were comfortable. Some people had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) in place as well as an emergency health care plan. The provider had an end of life policy in place and staff had received up to date training. Records showed discussions had taken place with people regarding their wishes in relation to their end of life care and where they would like to spend their last days.

The registered manager told us, "I complete a palliative care assessment on every person." They went on to tell us this was to monitor who is likely to require end of life care in the near future and looked at things such as if future wishes had been discussed and if they had an advanced decision, end of life care plan or DNACPR in place. Those with a prognosis of less than a year were then put onto a palliative care register to plan for their end of life care.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who had worked in the home for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The atmosphere in the home was relaxed, friendly and welcoming. One person talked about when they visited the service to have a look around prior to moving in. They said, "When I came in here I only looked round the bottom (ground floor) and I said to [friend] 'oh it's really homely and warm, I want to come here,' and that was it."

Staff and people we spoke with were very positive about the management and had respect for them. One person said, "[Registered manager] is good, she's excellent. She's always on the ball. I liked her as soon as I met her." Another person told us, "[Registered manager]'s always on the go. She's lovely, she's a lovely lass. She knows her job and considering her responsibility, her attitude is brilliant. It's the same with all of them. I miss [deputy manager] (who was on leave at the time of the inspection). She's a lovely girl. Very pleasant in her ways. Nothing is too much, she's spot on."

The registered manager assisted us with the inspection. Records and documents we requested were produced promptly and we were able to access care and staff records as required. Throughout our inspection we found the registered manager, nurses and care staff to be open, approachable and forthcoming when we spoke with them.

The registered manager operated an 'open door' policy. They told us they spent time on the floor around the home so they were visible and accessible to people and staff. People told us the registered manager was always around if they needed them. One person said, "[Registered manager] was here this morning dishing out medication. She's off tomorrow but she'll be around again next week. She's often around." During the inspection we observed staff, people and relatives approaching the registered manager in different areas around the home.

The registered manager completed regular audits around the quality and safety of the service. These included care records, medicines management, equipment, premises, safeguarding, complaints, accidents and incidents and fire safety. All findings were recorded as well as any identified actions. Outcomes from audits fed into annual development plans for the home.

Staff attended regular meetings in the home. We reviewed minutes of meetings which showed topics discussed included staff supervisions, care plans, cleanliness and tidiness of the home, documentation, medicines, complaints and training. There was also a section for any other business to be discussed which gave staff members the opportunity to raise any issues.

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff.

People and their relatives were involved in planning for the service through regular resident's committee meetings. Minutes of meetings included discussions around events, activities and entertainment, people's preferences in relation to meals served and suggestions for new meals, and other suggested changes around the home. For example, making the upstairs lounge a theatre room and suggestions for things to spend the residents fund on such as Oomph outings. Oomph outings are person-centred plans of varied exercise and activities, and engaging days out.

People were asked for their views via an annual survey. This asked their views about all aspects of the service. The last surveys received by the service in June 2018 were from eight people. Responses were mainly positive about the service with everyone stating they were very satisfied. The was a negative comment received regarding the presentation and variety of food at times. Although it was made clear that the food was of a high quality. The registered manager planned to hold further resident committee meetings to discuss meals and plan menus with people. They also planned to work with the kitchen staff around this.

The service had received a number of 'thank you' cards from relatives of people who used the service. Comments included, "Over the many years [family member] spent in care at different homes St Marks came out tops", "Thank you for caring so lovingly for [family members]," and "Thank you for all the love and support you gave to our [family member]." Other comments mentioned a person having a "very happy and comfortable stay" and compliments to staff for "care and kindness shown".